

Bay County 4-H Cloverbud Day Camp

Registration Form



Ages 5-8

July 9- 12, 2013

8:15 a.m. to 2:30 p.m.

MSU Extension - Bay County, Bay City, Michigan

This camp is open to any youth between the ages of 5 and 8 as of January 1, 2013. The cost is \$50. Questions? Contact MSU Extension - Bay County at 989-895-4025. The deadline to register is **June 14, 2013**, space is limited to 20 participants.

One Form per Child – Please Print!

Camper's Name: _____

Home Address: _____

Home Telephone: _____

Camper's Age: _____

Date of Birth: _____

This camper is: ☐ Female ☐ Male

Affiliation (Check One) ☐ Bay County 4-H Member ☐ Not a 4-H Member

T-shirt Size (Check One) Child: ☐ Small (6-8), ☐ Medium (10-12), ☐ Large (14-16)

Parent's Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Emergency Contacts and Authorization for Camper Pick-up

*I hereby authorize the following people to pick up my child from the Bay County 4-H Cloverbud Day Camp, and/or be contacted in the event of an emergency. Please list **ALL** people who might pick up your child including parents. Identification is required each day for camper pick-up. In the event of an emergency 4-H camp staff will notify parents/guardians, if at all possible. However, if we are unable to reach you, we will contact the alternates listed below.*

1. Name: _____ Daytime Phone: _____

2. Name: _____ Daytime Phone: _____

3. Name: _____ Daytime Phone: _____

4. Name: _____ Daytime Phone: _____

Parent's Signature: _____ Date: _____



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Accommodations for persons with disabilities may be requested by calling
MSU Extension - Bay County at (989) 895-4026.

Attention Parents!

Make sure you fill out all three pages of this form. We cannot register your child for camp without complete health information!

Camp doors open at 8:00 a.m.

Campers will not be signed in until that time.

Office Use Only

Date: _____ Staff initials: _____

Amount: _____ Rcpt #: _____

Parent's Approval and Camper Health Form

Medical Treatment Authorization

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

I, _____ (parent or legal guardian) hereby authorize the 4-H Youth Programs of Michigan State University Extension to seek any medical or surgical treatment, or both, necessary for the care of my child. The above-designated organization is hereby authorized to incur medical costs necessary to provide treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent's/Guardian's Signature _____ Date _____

Address _____ Daytime Phone () _____

Child's Identifying Information

Eye Color: _____ Hair Color: _____ Gender: _____ Height: _____

Weight: _____ Skin Color: _____ Identifying Marks: _____

Other information you would like us to know: _____

Special Health Considerations

Does this camper have:

☆ Allergies to medications? ☐ No ☐ Yes - Explain: _____

☆ Other allergies? ☐ No ☐ Yes - Explain: _____

☆ Medication for any illness or problem? ☐ No ☐ Yes - Explain: _____

☆ Any special dietary considerations? ☐ No ☐ Yes - Explain: _____

☆ Any restrictions on activities? ☐ No ☐ Yes - Explain: _____

☆ Date of last tetanus shot: _____

☆ Any additional instructions/directions we should know about: _____

Insurance Information

Submit photocopy of insurance card.

Policy Holder's Name/Relationship to Camper: _____

Insurance Company Name: _____

Insurance Company Address: _____

All Policy Numbers (Identify Each): _____

In an emergency, I give permission to the physician selected by the adult responsible for the group to hospitalize and/or secure proper treatment, anesthesia, or necessary surgery for the child named on this form.

Parent/Guardian Signature _____ Date _____

Additional Information — For statistical purposes only.

Camper's Racial Background

☐ African American/Black

☐ Arabic

☐ Asian/Pacific Islander

☐ Native American

☐ Caucasian/White

☐ Chicano/Hispanic/Latino

☐ Mixed Heritage

Disability Status

☐ Emotional

☐ Learning

☐ Mental

☐ Physical

☐ None

Residence

☐ Farm/Country

☐ Town under 10,000

☐ City - 10,000 to 50,000

☐ City - over 50,000

Bay County 4-H Cloverbud Day Camp

Code of Conduct/Media Release and General Consent Form



Code of Conduct

As a camper, I agree to...

1. Conduct myself according to the camp rules.
2. Follow the directions of my camp directors and volunteers.
3. Participate in all camp activities as much as I can.
4. Not take unnecessary things to camp that might be considered unsafe such as pocket knives, matches, etc.
5. Treat other campers and all camp staff with respect.
7. Get to know the other campers in the group.
8. **Have Fun!**

Camp Rules: These rules have been created to ensure a safe camp environment for everyone.

1. Name tags are to be worn at all times.
2. Campers will participate in the "buddy system" during walking field trips.
4. Campers may not leave the facility unless they are accompanied by a camp staff member.
5. All campers are expected to participate in all activities, unless they are physically unable.
6. Theft, vandalism, illegal drugs, and/or alcohol are not permitted.

I, _____, agree to the Camper Code of Conduct.

Signature of Camper _____ Date _____

Signature of Parent _____ Date _____

MEDIA RELEASE FOR AUDIO, VIDEO, FILM, AND PHOTOGRAPHS

All adult and youth participants attending MSU Extension -sponsored events must complete this section of the form. Participants in MSU events are sometimes photographed and/or videotaped for use in MSU Extension promotional and educational materials. I authorize Michigan State University to record and photograph my image and/or voice or that of my child for use by Michigan State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees, in perpetuity.

Name of youth _____
(please print)

Signature or Parent _____ Date _____

General Consent

Please initial each line to the left of the paragraph to indicate your agreement to each statement and sign at the bottom.

- _____ I understand that my child will not be allowed at camp without all forms completed, including the health form, and code of conduct/media release.
- _____ I hereby grant permission for my child to use all equipment and participate in activities of the Bay County 4-H Cloverbud Camp.
- _____ I hereby grant permission for my child to take a bus or walk to and from daily field trips with the camp directors and volunteers.
- _____ I hereby grant permission from my child to be included in evaluations and/or pictures connected with the Bay County 4-H Cloverbud Camp publications and brochures.
- _____ I hereby grant permission for the Bay County 4-H Cloverbud Camp Staff to administer first aid or take whatever steps necessary to obtain emergency medical care if warranted. These steps may include 1) contact parent, guardian, authorized emergency contact, and/or child's physician. 2) Have the child taken to an emergency hospital in the company of the staff member. Hospital utilized for emergencies is Bay Regional Medical Center. Any expenses above will be the responsibility of the parent/guardian.

Signature or Parent _____ Date _____